Powerine Oil Company

July 10, 1998

Mr. Dan Radulescu
Los Angeles Regional Water Board
101 Centre Plaza Drive
Monterey Park, CA 91754-2156

Re: Return of Uncompleted Annual Stormwater Discharge Report
Submittal of Notice of Termination for the General Permit

Dear Mr. Radulescu:

Per your phone conversation with Ray Huie of my staff on June 19, 1998, enclosed is Powerine's uncompleted *Annual Report for Stormwater Discharges Associated with Industrial Activities* form. Other than an address correction on item C, no other changes or entries were made. Powerine's stormwater discharge is regulated under a site specific discharge permit, therefore, Powerine is not regulated under the General Permit, and need not submit annual reports. Per your instructions, to avoid future confusion, Powerine is also filing the attached Notice of Termination for the General Permit.

The RWQCB issued order number 94-124 for Powerine's NPDES stormwater discharge, potential HF acid deluge discharge, cooling tower blowdown, and boiler and water softening blowdown. Powerine's NPDES number is CA0057177. Since the refinery temporarily suspended refinery operations in July 1995, the only NPDES discharge has been stormwater discharge.

Although Powerine has not been operational for the last three years, Powerine continues to conduct required waste discharge analyses as if the refinery were still in operation. Monthly and quarterly NPDES reports are being sent to Dennis Dickerson at CRWQCB and Carey Houk at USEPA Region 9 as required.

Please feel free to contact Ray Huie of my staff if you have additional questions.

Thank you for your assistance.

Sincerely,

June M. Christman
Manager - Environmental Engineering

JMC:md

cc: Ray Huie
File 11005
Reader File (/ray/crwqcb/anualrpt.doc)

12345 Lakeland Road • Santa Fe Springs, CA 90670 • Phone (562) 944-6111 • Fax (562) 944-8522

State of California
State Water Resources Control Board

1997-1998

ANNUAL REPORT
FOR
STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 1997 through June 30, 1998

An annual report is required to be submitted to your local Regional Water Quality Control Board (Regional Board) by July 1 of each year. This document must be certified and signed, under penalty of perjury, by the appropriate official of your company. Many of the Annual Report questions require an explanation. Please provide explanations on a separate sheet as an attachment. **Retain a copy of the completed Annual Report for your records.**

If any information contained in Items A, B, and C below is incorrect, please cross out or highlight the incorrect information (do not white out or erase) and provide the correct information next to or above the incorrect information.

If you have any questions, please contact your Regional Board Storm Water Program Contact. The address of your Regional Board (where the Annual Report must be filed) along with the name and telephone number of the contact person is indicated below.

REGIONAL BOARD INFORMATION:

LOS ANGELES REGIONAL WATER BOARD
101 CENTRE PLAZA DR.
MONTEREY PARK, CA 91754-2156

DAN RADULESCU
(213) 266-7630

GENERAL INFORMATION

A. Facility WDID NO: **4 19S003204**

B. Facility Operator Information:

POWERINE OIL CO
12345 LAKELAND RD.
SANTA FE SPRINGS, CA 90670-3856

Contact Person: JUNE CHRISTMAN
Phone: (562) 944-6111

C. Facility Information:

POWERINE REFINERY
12345
~~12354~~ LAKELAND RD.
SANTA FE SPRINGS, CA 90670-3

Contact Person: JUNE CHRISTMAN (562) 944-6111

SIC Code(s):

2911 Petroleum Refining

5171 Petroleum Bulk Stations & Terminals

1997-98

ANNUAL REPORT

SPECIFIC INFORMATION

MONITORING AND REPORTING PROGRAM

D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS

1. For the reporting period, was your facility exempt from collecting and analyzing samples from **two** storm events in accordance with sections B.12 or 15 of the General Permit?

   ☐ **YES** Go to Item D.2 ☐ **NO** Go to Section E

2. Indicate the reason your facility is exempt from collecting and analyzing samples from **two** storm events. Attach a copy of the first page of the appropriate certification if you check boxes ii, iii, iv, or v.

   i. ☐ Participating in an Approved Group Monitoring Plan **Group Name:** _____

   _____

   ii. ☐ Submitted **No Exposure Certification (NEC)** Date Submitted: __/__/__

   Re-evaluation Date: __/__/__

   Does facility continue to satisfy NEC conditions? ☐ YES ☐ NO

   iii. ☐ Submitted **Sampling Reduction Certification (SRC)** Date Submitted: __/__/__

   Re-evaluation Date: __/__/__

   Does facility continue to satisfy SRC conditions? ☐ YES ☐ NO

   iv. ☐ Received Regional Board Certification Certification Date: __/__/__

   v. ☐ Received Local Agency Certification Cetification Date: __/__/__

3. If you checked boxes i or iii above, were you scheduled to sample **one** storm event during the reporting year?

   ☐ **YES** Go to Section E ☐ **NO** Go to Section F

E. SAMPLING AND ANALYSIS RESULTS

1. How many storm events did you sample? _____ If less than 2, **attach explanation** (if you checked item D.2.i or iii. above, only attach explanation if you answer "0").

2. Did you collect storm water samples from the first storm of the wet season that produced a discharge during scheduled facility operating hours? (Section B.5 of the General Permit)

   ☐ **YES** ☐ **NO** **Attach explanation**

3. How many storm water discharge locations are at your facility? _____

4. For each storm event sampled, did you collect and analyze a sample from each of the facilitys' storm water discharge locations? ☐ YES, go to Item E.6 ☐ NO

5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? ☐ YES ☐ NO, **attach explanation**

   If "YES", **attach documentation** supporting your determination that two or more drainage areas are substantially identical.

   Date facility's drainage areas were last evaluated __/__/__

6. Were <u>all</u> samples collected during the first hour of discharge? ☐ YES ☐ NO, **attach explanation**

7. Was <u>all</u> storm water sampling preceded by three (3) working days without a storm water discharge? ☐ YES ☐ NO, **attach explanation**

8. Were there any discharges of stormwater that had been temporarily stored or contained? (such as from a pond) ☐ YES ☐ NO, go to Item E.10

9. Did you collect and analyze samples of temporarily stored or contained storm water discharges from two storm events? (or one storm event if you checked item D.2.i or iii. above) ☐ YES ☐ NO, **attach explanation**

10. Section B.5. of the General Permit requires you to analyze storm water samples for pH, Total Suspended Solids (TSS), Specific Conductance (SC), Total Organic Carbon (TOC) or Oil and Grease (O&G), other pollutants likely to be present in storm water discharges in significant quantities, and analytical parameters listed in Table D of the General Permit.

    a. Is your facility required to analyze additional parameters listed in Table D of the General Permit? ☐ YES ☐ NO, Go to Item E.11

    b. Did you analyze all storm water samples for the applicable parameters listed in Table D? ☐ YES ☐ NO

    c. If you did not analyze all storm water samples for the applicable Table D parameters, check one of the following reasons:

    _____ The parameter has not been detected in significant quantities from the last two consecutive sampling events. **Attach explanation**

    _____ The parameter is not likely to be present in storm water discharges and authorized non-storm water discharges in significant quantities based upon the facility operator's evaluation. **Attach explanation**

    _____ Other. **Attach explanation**

11. For each storm event sampled, attach a copy of the laboratory analytical reports and report the sampling and analysis results using **Form 1** or its equivalent. The following must be provided for each sample collected:

- Date and time of sample collection
- Name and title of sampler.
- Parameters tested.
- Name of analytical testing laboratory.
- Discharge location identification.
- Testing results.
- Test methods used.
- Test detection limits.
- Date of testing.
- Copies of the laboratory analytical results.

F. QUARTERLY VISUAL OBSERVATIONS

1. **Authorized Non-Storm Water Discharges**
Section B.3.b of the General Permit requires quarterly visual observations of all authorized non-storm water discharges and their sources.

a. Do authorized non-storm water discharges occur at your facility?

☐ **YES** ☐ **NO** Go to Item F.2

b. Indicate whether you visually observed all authorized non-storm water discharges and their sources during the quarters when they were discharged. **Attach an explanation for any "NO" answers.** Indicate "N/A" for quarters without any authorized non-storm water discharges.

July -September ☐ **YES** ☐ **NO** ☐ **N/A** October-December ☐ **YES** ☐ **NO** ☐ **N/A**

January-March ☐ **YES** ☐ **NO** ☐ **N/A** April-June ☐ **YES** ☐ **NO** ☐ **N/A**

c. Use **Form 2** to report quarterly visual observations of authorized non-storm water discharges or provide the following information.

i. name of each authorized non-storm water discharge
ii. date and time of observation
iii. source and location of each authorized non-storm water discharge
iv. characteristics of the discharge at its source and impacted drainage area/discharge location
v. name, title, and signature of observer
vi. **any** new or revised BMPs necessary to reduce or prevent pollutants in authorized non-storm water discharges. Provide new or revised BMP implementation date.

2. **Unauthorized Non-Storm Water Discharges**
Section B.3.a of the General Permit requires quarterly visual observations of all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources.

a. Indicate whether you visually observed all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources. **Attach an explanation for any "NO" answers.**

July -September ☐ **YES** ☐ **NO** October-December ☐ **YES** ☐ **NO**

January-March ☐ **YES** ☐ **NO** April-June ☐ **YES** ☐ **NO**

b. Based upon the quarterly visual observations, were any unauthorized non-storm water discharges detected?

☐ **YES** ☐ **NO** Go to item F.2.d

c. Have each of the unauthorized non-storm water discharges been eliminated or permitted?

☐ **YES** ☐ **NO** **Attach explanation**

d. Use **Form 3** to report quarterly unauthorized non-storm water discharge visual observations or provide the following information.

i. name of each unauthorized non-storm water discharge.
ii. date and time of observation.
iii. source and location of each unauthorized non-storm water discharge.
iv. characteristics of the discharge at its source and impacted drainage area/discharge location.
v. name, title, and signature of observer.
vi. **any** corrective actions necessary to eliminate the source of each unauthorized non-storm water discharge and to clean impacted drainage areas. Provide date unauthorized non-storm water discharge(s) was eliminated or scheduled to be eliminated.

G. MONTHLY WET SEASON VISUAL OBSERVATIONS

Section B.4.a of the General Permit requires you to conduct monthly visual observations of storm water discharges at all storm water discharge locations during the wet season. These observations shall occur during the first hour of discharge or, in the case of temporarily stored or contained storm water, at the time of discharge.

1. Indicate below whether monthly visual observations of storm water discharges occurred at all discharge locations. **Attach an explanation for any "NO" answers.**

	YES	NO		YES	NO
October	☐	☐	February	☐	☐
November	☐	☐	March	☐	☐
December	☐	☐	April	☐	☐
January	☐	☐	May	☐	☐

2. Report monthly wet season visual observations using **Form 4** or provide the following information.

   a. date, time, and location of observation
   b. name and title of observer
   c. characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed.
   d. any new or revised BMPs necessary to reduce or prevent pollutants in storm water discharges. Provide new or revised BMP implementation date.

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

H. ACSCE CHECKLIST

Section A.9 of the General Permit requires the facility operator to conduct one ACSCE in each reporting period (July 1-June 30). Evaluations must be conducted within 8-16 months of each other. The SWPPP and monitoring program shall be revised and implemented, as necessary, within 90 days of the evaluation. The checklist below includes the minimum steps necessary to complete a ACSCE. Indicate whether you have performed each step below. **Attach an explanation for any "NO" answers.**

1. Have you inspected all potential pollutant sources and industrial activities areas? ☐ YES ☐ NO
   The following areas should be inspected:

   - areas where spills and leaks have occured during the last year.
   - outdoor wash and rinse areas.
   - process/manufacturing areas.
   - loading, unloading, and transfer areas.
   - waste storage/disposal areas.
   - dust/particulate generating areas.
   - erosion areas.
   - building repair, remodeling, and construction
   - material storage areas
   - vehicle/equipment storage areas
   - truck parking and access areas
   - rooftop equipment areas
   - vehicle fueling/maintenance areas
   - non-storm water discharge generating areas

2. Have you reviewed your SWPPP to assure that its BMPs address existing potential pollutant sources and industrial activities areas? ☐ YES ☐ NO

3. Have you inspected the entire facility to verify that the SWPPP's site map, is up-to-date? The following site map items should be verified: ☐ YES ☐ NO

- facility boundaries
- outline of all storm water drainage areas
- areas impacted by run-on
- storm water discharges locations
- storm water collection and conveyance system
- structural control measures such as catch basins, berms, containment areas, oil/water separators, etc.

4. Have you reviewed all General Permit compliance records generated since the last annual evaluation? ☐ YES ☐ NO

The following records should be reviewed:

- quarterly authorized non-storm water discharge visual observations
- monthly storm water discharge visual observation
- records of spills/leaks and associated clean-up/response activities
- quarterly unauthorized non-storm water discharge visual observations
- Sampling and Analysis records
- preventative maintenance inspection and maintenance records

5. Have you reviewed the major elements of the SWPPP to assure compliance with the General Permit? ☐ YES ☐ NO

The following SWPPP items should be reviewed:

- pollution prevention team
- list of significant materials
- description of potential pollutant sources
- assessment of potential pollutant sources
- identification and description of the BMPs to be implemented for each potential pollutant source

6. Have you reviewed your SWPPP to assure that a) the BMPs are adequate in reducing or preventing pollutants in storm water discharges and authorized non-storm water discharges, and b) the BMPs are being implemented? ☐ YES ☐ NO

The following BMP categories should be reviewed:

- good housekeeping practices
- spill response
- employee training
- erosion control
- quality assurance
- preventative maintenance
- material handling and storage practices
- waste handling/storage
- structural BMPs

7. Has all material handling equipment and equipment needed to implement the SWPPP been inspected? ☐ YES ☐ NO

I. ACSCE EVALUATION REPORT

The facility operator is required to provide an evaluation report that includes:

- identification of personnel performing the evaluation
- the date(s) of the evaluation
- necessary SWPPP revisions
- schedule for implementing SWPPP revisions
- any incidents of non-compliance and the corrective actions taken.

Use **Form 5** to report the results of your evaluation or develop an equivalent form.

J. ACSCE CERTIFICATION

The facility operator is required to certify compliance with the Industrial Activities Storm Water General Permit. To certify compliance, both the SWPPP and Monitoring Program must be up to date and be fully implemented.

Based upon your ACSCE, do you certify compliance with the Industrial Activities Storm Water General Permit? ☐ YES ☐ NO

If you answered "NO" **attach an explanation** to the ACSCE Evaluation Report why you are not in compliance with the Industrial Activities Storm Water General Permit.

ATTACHMENT SUMMARY

Answer the questions below to help you determine what should be attached to this annual report. Answer NA (Not Applicable) to questions 2-4 if you are not required to provide those attachments.

1. Have you attached Forms 1,2,3,4, and 5 or their equivalent? ☐ YES (Mandatory)
2. If you conducted sampling and analysis, have you attached the laboratory analytical reports? ☐ YES ☐ NO ☐ NA
3. If you checked box II, III, IV, or V in item D.2 of this Annual Report, have you attached the first page of the appropriate certifications? ☐ YES ☐ NO ☐ NA
4. Have you attached an explanation for each "NO" answer in items E.1, E.2, E.5-E.7, E.9, E.10.c, F.1.b, F.2.a, F.2.c, G.1, H.1-H.7, or J? ☐ YES ☐ NO ☐ NA

ANNUAL REPORT CERTIFICATION

I am duly authorized to sign reports required by the INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT (see Standard Provision C.9) and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name: _____

Signature: _____ Date: _____

Title: _____

DESCRIPTION OF BASIC ANALYTICAL PARAMETERS

The Industrial Activities Storm Water General Permit (General Permit) requires you to analyze storm water samples for at least four parameters. These are pH, Total Suspended Solids (TSS), Specific Conductance (SC),and Total Organic Carbon (TOC). Oil and Grease (O&G) may be substituted for TOC. In addition, you must monitor for any other pollutants which you believe to be present in your storm water discharge as a result of industrial activity and analytical parameters listed in Table D of the General Permit. There are no numeric limitations for the parameters you test for.

The four parameters which the General Permit requires to be tested are considered *indicator* parameters. In other words, regardless of what type of facility you operate, these parameters are nonspecific and general enough to usually provide some indication whether pollutants are present in your storm water discharge. The following briefly explains what each of these parameters mean:

pH is a numeric measure of the hydrogen-ion concentration. The neutral, or acceptable, range is within 6.5 to 8.5. At values less than 6.5, the water is considered acidic; above 8.5 it is considered alkaline or basic. An example of an acidic substance is vinegar, and a alkaline or basic substance is liquid antacid. Pure rainfall tends to have a pH of a little less than 7. There may be sources of materials or industrial activities which could increase or decrease the pH of your storm water discharge. If the pH levels of your storm water discharge are high or low, you should conduct a thorough evaluation of all potential pollutant sources at your site.

Total Suspended Solids (TSS) is a measure of the undissolved solids that are present in your storm water discharge. Sources of TSS include sediment from erosion of exposed land, and dirt from impervious (i.e. paved) areas. Sediment by itself can be very toxic to aquatic life because it covers feeding and breeding grounds, and can smother organisms living on the bottom of a water body. Toxic chemicals and other pollutants also adhere to sediment particles. This provides a medium by which toxic or other pollutants end up in our water ways and ultimately in human and aquatic life. TSS levels vary in runoff from undisturbed land. It has been shown that TSS levels increase significantly due to land development.

Specific Conductance (SC) is a numerical expression of the ability of the water to carry an electric current. SC can be used to assess the degree of mineralization, salinity, or estimate the total dissolved solids concentration of a water sample. Because of air pollution, most rain water has a SC a little above zero. A high SC could affect the usability of waters for drinking, irrigation, and other commercial or industrial use.

Total Organic Carbon (TOC) is a measure of the total organic matter present in water. (All organic matter contains carbon) This test is sensitive and able to detect small concentrations of organic matter. Organic matter is naturally occurring in animals, plants, and man. Organic matter may also be man made (so called synthetic organics). Synthetic organics include pesticides, fuels, solvents, and paints. Natural organic matter utilizes the oxygen in a receiving water to biodegrade. Too much organic matter could place a significant oxygen demand on the water, and possibly impact its quality. Synthetic organics either do not biodegrade or biodegrade very slowly. Synthetic organics are a source of toxic chemicals that can have adverse affects at very low concentrations. Some of these chemicals bioaccumulate in aquatic life. If your levels of TOC are high, you should evaluate all sources of natural or synthetic organics you may use at your site.

Oil and Grease (O&G) is a measure of the amount of oil and grease present in your storm water discharge. At very low concentrations, O&G can cause a sheen (that floating "rainbow") on the surface of water (1 qt. of oil can pollute 250,000 gallons of water). O&G can adversely affect aquatic life and create unsightly floating material and film on water, thus making it undrinkable. Sources of O&G include maintenance shops, vehicles, machines and roadways.

If you have any questions regarding whether or not your constituent concentrations are too high, please contact your local Regional Board office.

1997-98

ANNUAL REPORT
FORM 1-SAMPLING & ANALYSIS RESULTS

FIRST STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank
- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.
- Make additional copies of this form as necessary.

NAME OF PERSON COLLECTING SAMPLE(S):_____ **TITLE:** _____ **SIGNATURE:** _____

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			pH	TSS	SC	O&G	TOC					
	__/__/__ ☐AM ☐PM	__:__ ☐AM ☐PM										
	__/__/__ ☐AM ☐PM	__:__ ☐AM ☐PM										
	__/__/__ ☐AM ☐PM	__:__ ☐AM ☐PM										
	__/__/__ ☐AM ☐PM	__:__ ☐AM ☐PM										
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l					
TEST METHOD DETECTION LIMIT:												
TEST METHOD USED:												
ANALYZED BY (SELF/LAB):												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

1997-98

ANNUAL REPORT

FORM 1-SAMPLING & ANALYSIS RESULTS

SECOND STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank
- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.

NAME OF PERSON COLLECTING SAMPLE(S): _____ **TITLE:** _____ **SIGNATURE:** _____

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For Second Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			pH	TSS	SC	O&G	TOC					
	__/__/__ ☐AM ☐PM	__:__ ☐AM ☐PM										
	__/__/__ ☐AM ☐PM	__:__ ☐AM ☐PM										
	__/__/__ ☐AM ☐PM	__:__ ☐AM ☐PM										
	__/__/__ ☐AM ☐PM	__:__ ☐AM ☐PM										
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l					
TEST METHOD DETECTION LIMIT:												
TEST METHOD USED:												
ANALYZED BY (SELF/LAB):												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

1997-1998
ANNUAL REPORT

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

- Quarterly dry weather visual observations are required of each authorized NSWD.
- Observe each authorized NSWD source, impacted drainage area, and discharge location.
- Authorized NSWDs must meet the conditions provided in Section D (pages 5-6), of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: **JULY-SEPT.** DATE: __/__/__	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?**	☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.
QUARTER: **OCT.-DEC.** DATE: __/__/__	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?**	☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.
QUARTER: **JAN.-MARCH** DATE: __/__/__	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?**	☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.
QUARTER: **APRIL-JUNE** DATE: __/__/__	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?**	☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.

1997-1998
ANNUAL REPORT

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD EXAMPLE: Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD EXAMPLE: Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc.		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					

1997-1998

ANNUAL REPORT

FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

- Unauthorized NSWDs are discharges (such as wash or rinse waters) that do not meet the conditions provided in Section D (pages 5-6) of the General Permit.
- Quarterly visual observations are required to observe current and detect prior unauthorized NSWDs.
- Quarterly visual observations are required during dry weather and at all facility drainage areas.
- Each unauthorized NSWD source, impacted drainage area, and discharge location must be identified and observed.
- Unauthorized NSWDs that can not be eliminated within 90 days of observation must be reported to the Regional Board in accordance with Section A.10.e of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: **JULY-SEPT.** **DATE/TIME OF OBSERVATIONS** ☐ AM __/__/____ __:__ ☐ PM	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☐ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☐ NO	If **YES** to either question, complete reverse side.
QUARTER: **OCT.-DEC.** **DATE/TIME OF OBSERVATIONS** ☐ AM __/__/____ __:__ ☐ PM	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☐ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☐ NO	If **YES** to either question, complete reverse side.
QUARTER: **JAN.-MARCH** **DATE/TIME OF OBSERVATIONS** ☐ AM __/__/____ __:__ ☐ PM	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☐ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☐ NO	If **YES** to either question, complete reverse side.
QUARTER: **APRIL-JUNE** **DATE/TIME OF OBSERVATIONS** ☐ AM __/__/____ __:__ ☐ PM	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☐ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☐ NO	If **YES** to either question, complete reverse side.

1997-1998
ANNUAL REPORT

FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD EXAMPLE: Vehicle Wash Water	SOURCE AND LOCATION OF UNAUTHORIZED NSWD EXAMPLE: NW Corner of Parking Lot	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.
			AT THE UNAUTHORIZED NSWD SOURCE	AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION	
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					

1997-1998

ANNUAL REPORT
FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.

Observation Date: October ____ 1997 Observers Name _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

Observation Date: November____ 1997 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

Observation Date: December____ 1997 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

Observation Date: January____ 1998 Observers Name _____ Title _____ Signature _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

1997-1998

ANNUAL REPORT
FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE: Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				

1997-1998

ANNUAL REPORT
FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.

Observation Date: February 1998	Drainage Location Description	#1	#2	#3	#4
Observers Name	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Title	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

Observation Date: March 1998	Drainage Location Description	#1	#2	#3	#4
Observers Name	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Title	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

Observation Date: April 1998	Drainage Location Description	#1	#2	#3	#4
Observers Name	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Title	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

Observation Date: May 1998	Drainage Location Description	#1	#2	#3	#4
Observers Name	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Title	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

1997-1998

ANNUAL REPORT

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE: Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				

1997-1998
ANNUAL REPORT

FORM 5-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: ___/___/___ INSPECTOR NAME: ____________ TITLE: ____________ SIGNATURE: ____________

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)		If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☐ NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☐ NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☐ NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☐ NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☐ NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☐ NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☐ NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☐ NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation

FORM 5 (Continued)-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: ___/___/___ INSPECTOR NAME: ______________________ TITLE: ______________________ SIGNATURE: ______________________

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?** ☐ YES ☐ NO **ARE ADDITIONAL/REVISED BMPs NECESSARY?** ☐ YES ☐ NO	If yes, to either question, complete the next two columns of this form	**Describe deficiencies in BMPs or BMP implementation**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?** ☐ YES ☐ NO **ARE ADDITIONAL/REVISED BMPs NECESSARY?** ☐ YES ☐ NO	If yes, to either question, complete the next two columns of this form	**Describe deficiencies in BMPs or BMP implementation**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?** ☐ YES ☐ NO **ARE ADDITIONAL/REVISED BMPs NECESSARY?** ☐ YES ☐ NO	If yes, to either question, complete the next two columns of this form	**Describe deficiencies in BMPs or BMP implementation**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?** ☐ YES ☐ NO **ARE ADDITIONAL/REVISED BMPs NECESSARY?** ☐ YES ☐ NO	If yes, to either question, complete the next two columns of this form	**Describe deficiencies in BMPs or BMP implementation**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**